10 ELECTION CYCLE			NAME .			Delbert Hosemann SECRETARY OF STA
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Name of Committee The L	committee to	Re-Elect John	A. Anni	in Chancery Tub	ge LLC	ECEIVE
Address // W. Clayton .	St P.D. Box	1 Baldwyn	, MS	38824	-11-01	DET 0 8 2010
Telephone 662-365-12	20	Fax <u>662</u> -	365-	1252		DATERIAND
Treasurer Tohn D. Hayne	SR.	Email	wes @	Fmb. com		ecretary of State
Check here if above i	s different from pr	revious report				
	S		OF REPO			- 56 d-6-
May 10, 2010 Periodic						
June 10, 2010 Periodic						
July 9, 2010 Periodic F						
X October 10, 20 Perio						
October 26, 2010 Pre-E	Election Report	t (October 1, 2010), through	n October 23, 201	0)(0	Mandator
					2040	Description of Constitutes
November 16, 2010 ProJanuary 10, 2011 Perio	dic Report (Oc	tober 1, 2010, the	ough De	cember 31, 2010))	Mandato
January 10, 2011 Perio	dic Report (Oc ndidate will no lo	tober 1, 2010, the	ough De	cember 31, 2010) r make campaign)	
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SEND TO: 1: Candidates for Statewide, State district, mutificantly and all legislative offices should return form to Secretary of State, Bections Division, F. O. Box 136, Jackson, M\$ 39205 or fax to 801-355-1459 or 801-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clark.

	(5)	Page
Name of Candidate or Committe	e The Commit	toe to Re-Elect John A HArchen Chanceay Judge LLC
Reporting period July 1, 2	LOID	through September 30, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Community Development Foundation Mailing Address	_'_'_	5 -0-
P.D. Box A City, State, Zip Code		S
Tupelo, MS 38802 Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code	_/_/_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address		s
City, State, Zip Code	_/_/_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	·\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	_/_/_	S
City, State, Zip Gode	_/_/_	S
Purpose of Disbursament (Optional)	Aggregate Year-to-date	S
E Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	S
City, State, Zip Code	_/_/_	S
Purpose of Disburnement (Optional)	Aggregate Year-to-date	S
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	_'_'_	S
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S